EXHIBIT C

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Na	me of Debtor	100 1 (DUMDE)	Case	Vun	mber				
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1		t of Debtors and Case Numbers d to make a claim for an administrative	expense		Check box if you are	•			
arısı	ng after the commencen	nent of the case A "request" for paymobe filed pursuant to 11 U S C § 503			aware that anyone else i filed a proof of claim rela	has			
	me of Creditor and			-	to your claim Attach constatement giving particul	py of			
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				l	Check box if this ad		ONE OF THE DE	BTORS eady filed a proof of o	laim with the
				ı	differs from the address envelope sent to you by			or BMC you do not	
		()83/722358		\Box	court		THIS SPAC	E IS FOR COURT	USE ONLY
Las	t four digits of account or	r other number by which creditor identif	ies debtor		Check here In this claim	replac or amen	a previously	/ filed claim dated	
1 E	ASIS FOR CLAIM	Π-	Retire	e be	enefits as defined in 1	1 U S (C § 1114(a)	Unremitted p	rincipal
11	Goods sold	Personal injury/wrongful death	-		alaries and compensa	ation (f	ill out below)	Other claims	against servicer
7	Services performed Money loaned	☐ Taxes☐ Other (describe briefly)			digits of your SS #		forms of forms		valarives)
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2 D	ATE DEBT WAS INCUR	RRED	3 IF	CC	OURT JUDGMENT, DA	ATE O	BTAINED	(60.6)	(auto)
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1	SECURED NONPRIORI	•			SECURED CLAI				
		is no collateral or lien securing your claim o			a right of set	-	our claim is secui	red by collateral (ir	cluding
	entitled to priority		or your claim	15	Brief descript	,	collateral		
UNS	SECURED PRIORITY CI				Real Esta	ate [Motor Vehicle	Other	
	entitled to priority	an unsecured claim all or part of which is			Value of Coll		\$		
	Amount entitled to priority	\$			Amount of arrear	age an	d other charges	at time case filed	included in
	Specify the priority of the o				secured claim, if	any \$	§		
Ш		ons under 11 U S C § 507(a)(1)(A) or (a)(1)(•		Up to \$2 225* of deposi services for personal fa	its towa	rd purchase lease	or rental of property	or or
	before filing of the bankrup	issions (up to \$10 000)* earned within 180 of otcy petition or cessation of the debtor's	days		Taxes or penalties owe	•		0 (7,7)
		rlier - 11 U S C § 507(a)(4) yee benefit plan - 11 U S C § 507(a)(5)			Other Specify applical		• .	, , , , , , , , , , , , , , , , , , ,	73
	Contributions to an employ	yee beliefit plan - 11 0 3 C 9 307(a)(3)			* Amounts are subject to with respect to cases of	to adjus ommen	tment on 4/1/07 ar ced on or after the	nd every 8 years from date of adjustment	# (OO)
	OTAL AMOUNT OF CL AT TIME CASE FILED	AIM \$	\$ 10	W)				\$ 0/43 /	Meses 1
1		(unsecured)	,	•	ecured)		(priority)	,	Total)
		ludes interest or other charges in addition							ional charges
		of all payments on this claim has been							_
1	unning accounts, contra	MENTS Attach copies of supporting of cts, court judgments, mortgages, secur	ritv agreeme	ents	 and evidence of perf 	ection	of lien DO NO	roices, itemized sta IT SEND ORIGINA	tements of L
	DOCUMENTS If the do	cuments are not available, explain If the	he documer	nts a	are voluminous, attach	n a sun	nmary		
	8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim								
		pleted proof of claim form must be s actually received on or before 5 00						THIS SPACE USE C	
1	or each person or entit governmental units)	ty (including individuals, partnership	s, corpora	tion	s, joint ventures, tru	sts an	d		
	BY MAIL TO BMC Group		BY HAN BMC G	ID O	OR OVERNIGHT DELIVE	RY TO			
1 /	Attn USACM Claims Doo	cketing Center	Attn U	SAC	CM Claims Docketing	Center	•	FILED SEP	28 2006
	P O Box 911 El Segundo, CA 90245-0	911			Franklin Avenue o, CA 90245			II ILLU OLI	
DA	E	SIGN and print the name and title if any of this claim (attach copy of power of a	of the credito	rore		to file		USA	A CMC
0	-25-08	uns ciann (attach copy of power or a	attorney, ii an	y)					
L	<i>u</i>	THE ME						1072	500340

FORM B10 (Official Form 10) (10/			PROOF OF CLAIM		
Officed States Danki uptey Court District Court					
Name of Debtor USA Commercial Mortgage C	ompany	Case Number BK-S-06-10725 LBR			
NOTE This form should not be used to of the case A "request" for payment of	make a claim for an administrative ex an administrative expense may be file	spense arising after the commencement d pursuant to 11 U S C § 503			
Name of Creditor (The person or other		Check box if you are aware that			
money or property) Maurice Fink Trust		anyone else has filed a proof of claim relating to your claim			
Name and address where notices should	be sent	Attach copy of statement giving particulars			
Maurice Fink		Check box if you have never			
Trustee of Maurice Fink Trust	i e	received any notices from the			
3111 Bel Air Drive #15G Las Vegas, NV 89109		bankruptcy court in this case			
Las vegas, itv 03103		☐ Check box if the address differs			
		from the address on the envelope			
Telephone number		sent to you by the court	This Space is for Court Use Only		
Last 4 digits of account or other number	by which creditor identifies debtor	Check here replaces a previously amends	filed claim dated 8 28 06		
1 Basis for Claim					
☐ Goods sold		☐ Retiree benefits as defined in 1			
☐ Services performed		☐ Wages, salaries, and compensat			
Money loaned		Last four digits of SS #			
Personal injury/wrongful de	ath	Unpaid compensation for service			
☐ Taxes		fromto	(date)		
Other_		(date)			
2 Date debt was incurred Au	Just 11, 2005	3 If court judgment, date obtained			
4 Classification of Claim Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ Check this box if your claim is secured by collateral (including					
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority		Brief Description of Collateral Real Estate ☐ Motor Vehicle ☐ O Value of Collateral \$ \(\text{VY} \) \(\text{V} \)	_		
Unsecured Priority Claim	. Is distinct to priority	value of Conateral 3 VCV (NO 10)			
Check this box if you have an unsecuentitled to priority	red claim, all or part of which is	Amount of arrearage and other charge	es at time		
Amount entitled to priority \$		case filed included in the secured clair			
Specify the priority of the claim					
☐ Domestic support obligations under 1	•	☐ Up to \$2,225* of deposits toward pure services for personal, family, or housel	hase, lease, or rental of property or		
Wages salaries or commissions (up t days before filing of the bankruptcy p		☐ Taxes or penalties owed to governmental units - 11 USC § 507(a)(8)			
debtor's business, whichever is earlie		☐ Other - Specify applicable paragraph of 11 U S C § 507(a)()			
☐ Contributions to an employee benefit	plan 11 USC § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 respect to cases commenced on or after the da			
5 Total Amount of Claim at Time	Case Filed \$(unsecured)	253,732 64 (secured) (prio	253,732 64 (Total)		
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges					
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim This Space is for Court Use Only					
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders invoices itemized statements of running accounts contracts, court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary 8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped,					
8 Date-Stamped Copy To receive an self-addressed envelope and copy of		claim, enclose a stamped,	918106		
8-17-06 this claim (attach copy of power of attorney if any) USA CMC					
	ce Fink, Trustee	ink	USA CMC		

Form B10 (Official Form 10) UNITED STATES BANKRUPTCY COURT DISTRICT OF NEV	VADA	PROOF OF CLAIM-Chapter		
		□ 13 ⊠ 11 □ 7 □ Other		
Name of Debtor USA Commerical Mortgage Company Case Number BK-S-06-10725-LBR		(This space for court use)		
NOTE This form should NOT be used to make a claim of an administrative expense an A request for payment of an administrative expense may be filed pursuant to 11 U S G				
Name of Creditor (The person or other entity to whom the debtor owes money or property) Erin E MacDonald, Trustee of the Erin E McDonald Revocable Living Trust Name and Address where notices should be sent	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.			
Erin E MacDonald 9521 Tournament Canyon Drive Las Vegas, Nevada 89144-0823 Telephone No See Attachment	received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court			
Account or other number by which creditor identifies debtor Marlton Square		usly filed claim dated		
1 BASIS FOR CLAIM ☐ Retire benefits as defined in 1 ☐ Goods sold ☐ Wages salaries and compensation of serence of the salaries and compensation of serence of the salaries and compensation for serence of the salaries and compensation for serence of the salaries and compensation for serence of the salaries of the salaries and compensation for serence of the salaries and compe		ILL OUT BELOW)		
Other				
2 Date Debt was incurred	3 If court judgment date obtained			
4 Total amount of claim at time case filed \$100,000 (Unsecured) \$ If all or part of your claim is secured or entitled to priority also complete Item > or 6 Check this box if claim includes interest or other charges in addition to the princip				
5 Secured Claim ☐ Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral	6 Unsecured Priority Claim Check this box if you have an unsecured priority claim Amount entitled to priority \$			
Real Estate Motor Vehicle		ons up to \$4 650* earned with 90 days before filing of the ion of the debtor's business whichever is earlier – 11		
☐Other Value of collateral \$	Contributions to an employee Up to \$2 100* of deposits tov personal family or household			
Amount of arrearage and other charges at time case filed included in secured claim if any	☐ Alimony maintenance or support owed to a spouse former spouse or child = 11 USC \(\seta\) 507(a)(7) ☐ Taxes or penalties owed to governmental units \(11\) USC \(\seta\) 507(a)(8) ☐ OTHER = Specify applicable paragraph of \(11\) USC \(\seta\) 507(a)(
\$		1 4/1/98 and every three years thereafter with respect		
7 Credits The amount of all payments on this claim has been credited and deducted for claim 8 Supporting documents 4ttach copies of supporting documents Such as promissor	ry notes purchase orders invoices itemized	(This space for court use)		
statements of running accounts contracts court judgments mortgages security agree		FILED MOLL 4 A ACCO		
DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available exattach a summary 9 Date Stamped copy to receive an acknowledgment of the filing of your claim enc	plain If the documents are voluminous	FILED NOV 1 0 2006		
DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available exattach a summary 9 Date Stamped copy to receive an acknowledgment of the filing of your claim encenvelope and a copy of this proof of claim Date Sign and print the name and title if any of the creditor claim (attach copy of power of attorney if any)	plain If the documents are voluminous close a stamped self addressed	FILED NOV 1 0 2006 USA CMC 1111111111111111111111111111111111		

Cas	- 06-1072F-6W7 Doc-9242	3 Fni	ered 05/09/11 15 1	2:43 Pan	e 5 of 12
UNITED STATE	ECHAPITATEMEN PAR SMAN	PRO	OF OF CLAIM		5 5 5, <u>1</u> 2
Name of Debtor	spania meng tangga Manada Spania menggalangan penggalangan penggalangan penggalangan penggalangan penggalangan Penggalangan	Case Number		†	
USA Commercial	Mortgage Company	 06-107	'25-LBR	1	
		""			
This form should not be use arising after the commencer	t of Debtors and Case Numbers d to make a claim for an administrative exp ment of the case A "request" for payment be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address 11321242037313 MEMON, SHAHNAZ 7210 NATIVE DANCER DR RENO NV 89502			check box if you have never received any notices from the bankruptcy court or BMC Group in this case	DEBTORS YOU I OF CLAIM THIS BORROWER HEI DO NOT FILE TH	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
			Check box if this address differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number	()775-856-341	6	court		E IS FOR COURT USE ONLY
Last four digits of account o	r other number by which creditor identifies	debtor	Check here replace or amer	. a prev ously	fled claim dated
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes		salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned	Other (describe briefly)	Unpaid c	ompensation for services pe	rformed from	to
2 DATE DEBT WAS INCU	RRED	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(date) (date)
4 CLASSIFICATION OF C	_AIM Check the appropriate box or boxes tha				he time case filed
See reverse side for important	•		SECURED CLAIM		
exceeds the value of the	ITY CLAIM \$ us no collateral or lien securing your claim or b) property securing it or if c) none or only part of you		Check this box if you a right of setoff)	our claim is secui	red by collateral (including
entitled to priority UNSECURED PRIORITY C	LANA	<u> </u>	Brief description of	collateral	
	e an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority			Value of Collateral	\$	
Amount entitled to priority Specify the priority of the	\$		Amount of arrearage ar secured claim if any	nd other charges \$75.	at time case filed included in
	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward services for personal family of	ard purchase lease	or rental of property or
before filing of the bankru	essions (up to \$10 000)* earned within 180 days ptcy petition or cessation of the debtor's rlier - 11 U S C § 507(a)(4)	· 🔲	Taxes or penalties owed to go		
	yee benefit plan - 11 U.S.C. § 507(a)(5)		Other Specify applicable pan		
Gondabasons to an omple	yee benefit plan 11000 g ben (a)(e)		* Amounts are subject to adju- with respect to cases commer		
5 TOTAL AMOUNT OF CL AT TIME CASE FILED	AIM \$\$	75	53 28 \$		\$ 75328
	(unsecured)	•	ecured)	(priority)	(Total)
	cludes interest or other charges in addition to the				
7 SUPPORTING DOCU	of all payments on this claim has been created. MENTS Attach copies of supporting doct acts, court judgments mortgages, security accuments are not available, explain. If the contents are not available, explain.	<i>uments,</i> su agreement	ich as promissory notes, pure s and evidence of perfection	chase orders inv	oices itemized statements of
	PY To receive an acknowledgment of th			-	envelope and copy of this
ACCEPTED) so that it i	npleted proof of claim form must be sen s actually received on or before 5 00 pm ty (including individuals, partnerships, o	n, prevailin corporation	g Pacific time, on Novemb	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
Attn USACM Claims Do P O Box 911	•	Attn USA 1330 East	up CM Claims Docketing Cente t Franklin Avenue		FILED OCT 12 200
El Segundo, CA 90245-0	SIGN and print the name and title if any of the		do CA 90245 other person authorized to file		
1	this claim (attach copy of power of attor				USA CMC
10-6-06	Shalmaz memon		SHAHNAZ MEMO	ON	1072500567

Case 06-10725-0W725-DOC 8343-320 Entered 05/09/10/05:12:43e 1Page 6 of 12 FORM B10 (Official Form 10) (10/05)

TOTAL DIO (Official Portin 10) (10/03)	The second secon	T	
United States Bankruptcy Court - District of Nevada	PROOF OF CLAIM		
Name of Debtor USA Commerical Mortgage Company	Case Number BK-S-06-10725 LBR		
NOTE: This form should not be used to make a claim for an administrative ex of the case. A "request" for payment of an administrative expense may be file	xpense arising after the commencement ed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): M.W. Gorts & Company	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: Michael Gorts 7820 Emerald Harbor Ct. Las Vegas, NV 89128	Check box if you have never received any notices from the bankruptcy court in this case.		
Telephone number: 702-233-8547	Check box if the address differs from the address on the envelope sent to you by the court.	This Space is for Court Use Only	
Last 4 digits of account or other number by which creditor identifies debtor:	Check here if this claim ☐ replaces a previously ☐ amends	filed claim dated:	
1. Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other	☐ Retiree benefits as defined in 11 ☐ Wages, salaries, and compensati Last four digits of SS #: Unpaid compensation for service from	on (fill out below) es performed	
2. Date debt was incurred: June 20, 2005	3. If court judgment, date obtained:		
4. Classification of Claim. Check the appropriate box or boxes that describes the see reverse side for important explanations. Unsecured Nonpriority Claim \$ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority. Unsecured Priority Claim. Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority \$	Secured Claim Check this box if your claim is secured Brief Description of Collateral: Real Estate Motor Vehicle Ott Value of Collateral: \$	by collateral (including a right of setoff). ther at time	
Specify the priority of the claim: □ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) □ Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	☐ Up to \$2,225* of deposits toward purch services for personal, family, or househod. ☐ Taxes or penalties owed to governmenta. ☐ Other - Specify applicable paragraph of * Amounts are subject to adjustment on 4/1/07 are respect to cases commenced on or after the date.	old use - 11 U.S.C. § 507(a)(7). Il units - 11 U.S.C. § 507(a)(8). 11 U.S.C. § 507(a)(). Indexinant every 3 years thereafter with	
 5. Total Amount of Claim at Time Case Filed: \$ (unsecured) Check this box if claim includes interest or other charges in addition to the p or additional charges. 	100,000.00 (priori principal amount of the claim. Attach itemized		
Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach topy of power of attorney, if any): Michael Gorts, President			

FORM R10 (Official Form 10) (10/05)

FORM BIO (Official Form 10) (10/03)					
United States Bankruptcy Court - District of Nevada PROOF OF CLAIM					
Name of Debtor USA Commercial Mortgage Company	Case Number BK-S-06-10725 LBR				
NOTE This form should not be used to make a claim for an administrative ex of the case A "request" for payment of an administrative expense may be file					
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware that anyone else has filed a proof of				
Paul Bloch Living Trust dated 10/29/02	claim relating to your claim Attach copy of statement giving				
Name and address where notices should be sent Trustee of the Paul Bloch Living Trust	particulars Check box if you have never				
2111 Strada Mıa Las Vegas, NV 89117-1980	received any notices from the bankruptcy court in this case				
	Check box if the address differs				
Telephone number	from the address on the envelope sent to you by the court	This Space is for Court Use Only			
Last 4 digits of account or other number by which creditor identifies debtor	Check here if this claim replaces a previously amends	filed claim dated 8 28 0 6			
1 Basis for Claim ☐ Goods sold	☐ Retiree benefits as defined in 11	USC § 1114(a)			
Services performed	☐ Wages, salaries, and compensat	,			
■ Money loaned □ Personal injury/wrongful death	Last four digits of SS # Unpaid compensation for service				
☐ Taxes	from to				
2 Date debt was incurred	(date) 3 If court judgment, date obtained	(date)			
4 Classification of Claim Check the appropriate box or boxes that describ					
See reverse side for important explanations Unsecured Nonpriority Claim \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority	Secured Claim Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Real Estate				
Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is					
entitled to priority Amount entitled to priority \$	Amount of arrearage and other charge case filed included in the secured clair	s <u>at time</u> n, if any \$ 253,732 64			
Specify the priority of the claim					
☐ Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) ☐ Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the	☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U S C § 507(a)(7) ☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)				
debtor's business, whichever is earlier - 11 USC § 507(a)(4)	☐ Other - Specify applicable paragraph of	• • • • • • • • • • • • • • • • • • • •			
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amou its are subject to adjustment on 4/1/07 or respect to cases commenced on or after the date.				
5 Total Amount of Claim at Time Case Filed \$	253,732 64	253,732 64			
(unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges					
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim This Space is for Court Use Only					
Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices itemized statements of running accounts contracts, court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents					
are not available, explain If the documents are voluminous attach a summary B Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim					
Date Sign and print the name and title if any of the credit	for or other person authorized to file				
August 12,2006 this claim (attach copy of power of attorney if any)	AUGUST 12,2006 this claim (attach copy of power of attorney if any) USA CMC				
Trustee of Paul Bloch Living Trust Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18					

Ca	se 06-10725-gwz _ Doc 83	343-3 E	ntered 05/09/11 15	5:12:43 P	age 8 of 12
	. : Case 06-10725-lbr : C	ampR	OF OF CLAIM	Page 1	of 4
				er Gr	
]	
Name of Debtor:		Case Nu	Property		
	Nontre Co	06 1	0725-LBR		
USA Commercia	l Mortgage Co.	1 - 00	U/25-LBK	ļ.	
NOTE: See Payerse for Lis	st of Debtors and Case Numbers.			1	
This form should not be use	ed to make a claim for an administrative	expense	Check box if you are		
arising after the commence	ment of the case. A "request" for payme	ent of an	aware that anyone else has filed a proof of claim relating		
	be filed pursuant to 11 U.S.C. § 503.		to your claim. Attach copy of	1	
Name of Creditor an	100 and 100 an	1050	statement giving particulars.	i .	
	11321241028		Check box if you have		
	ES SUMMIT FOUNDATION TTEE PAUL CHARITABLE REMAINDER	. G	never received any notices from the bankruptcy court or	DO NOT FILE TH	IIS PROOF OF CLAIM FOR A
	CA 94705		BMC Group in this case.	SECURED INTE	REST IN A BORROWER THAT IS NOT
	•		Check box if this address	ONE OF THE DE	
			differs from the address on the envelope sent to you by the		ready filed a proof of claim with the t or BMC, you do not need to file again.
Creditor Telephone Numbe	r()		court.		CE IS FOR COURT USE ONLY
	or other number by which creditor identifi	es debtor:			
	•		Check here repla	r a previous?	y filed claim dated:
Account ID: 7	268		if this claim amer	nds	
1. BASIS FOR CLAIM		Retiree b	penefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	☐ Wages,	salaries, and compensation ((fill out below)	Other claims against service (not for loan balances)
Services performed	Taxes	Last four	digits of your SS #:		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid o	compensation for services pe	rformed from:	to
					(date) (date)
2. DATE DEBT WAS INCU			OURT JUDGMENT, DATE O		
	LAIM. Check the appropriate box or boxes	that best descri	be your claim and state the amo	unt of the claim at	the time case filed.
See reverse side for importa UNSECURED NONPRIOR			SECURED CLAIM		
	e is no collateral or lien securing your claim, or	r h) vour claim	Check this box if y	our claim is secu	red by collateral (including
exceeds the value of the	property securing it, or if c) none or only part		a right of setoff).		
entitled to priority. UNSECURED PRIORITY OF	PLAINS		Brief description of	f collateral:	
	e an unsecured claim, all or part of which is		X Real Estate	Motor Vehicle	e Other
entitled to priority.	e an unsecured claim, an or part of which is		Value of Collateral	: \$ unl	<
Amount entitled to priority	\$		Amount of arrearage at	nd other charges	at time case filed included in
Specify the priority of the	claim:		secured claim, if any:		
	ions under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(в) Г	Up to \$2,225* of deposits tow	ard nurchase leas	e or rental of property or
	nissions (up to \$10,000)*, earned within 180 d	_	services for personal, family, o		
before filing of the bankru	ptcy petition or cessation of the debtor's		Taxes or penalties owed to go	vernmental units -	11 U.S.C. § 507(a)(8).
	arlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable par	agraph of 11 U.S.C	C. § 507(a) ().
Contributions to an empto	byee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adju- with respect to cases commer		
5. TOTAL AMOUNT OF CL	AIM \$	\$ 50,00		idea dir di antai tric	\$ 50,000.00
AT TIME CASE FILED:	(unsecured)		ecured)	(priority)	(Total)
[X] Check this box if claim in	cludes interest or other charges in addition	•	•		, ,
	of all payments on this claim has been				
7. SUPPORTING DOCU	JMENTS: Attach copies of supporting of acts, court judgments, mortgages, secur	<i>locuments,</i> su	ich as promissory notes, pur	chase orders, inv	voices, itemized statements of
	ocuments are not available, explain. If the				OF SEND ORIGINAL
	PY: To receive an acknowledgment o	f the filing of y	our claim, enclose a stampe	d, self-addressed	d envelope and copy of this
proof of claim.					
	npleted proof of claim form must be s				THIS SPACE FOR COURT
	is actually received on or before 5:00 ity (including individuals, partnership				USE ONLY
governmental units).					
BY MAIL TO: BMC Group		BY HAND BMC Grou	OR OVERNIGHT DELIVERY TO UD):	
Attn: USACM Claims Do	ocketing Center	Attn: USA	CM Claims Docketing Cente	er ,	
P. O. Box 911 El Segundo, CA 90245-	0011		t Franklin Avenue	_	
DATE	SIGN and print the name and title, if any, or		do, CA 90245		•
	this claim (attach copy of nower of a		other person authorized to file		
11/9/06	Richard O. Buyton	Vico Pro	sidont		

C2C0.06.10.72b.qwz	1/12 - 2 = -ntc	arad 05/00/11 15:12	7.4.3 Dave	_U_Ot_12
UNITED STATES AND	PRO	OF OF CLAIM	. 43 Faye	3 01 12
Name of Debtor	Case Nu	mber		
ସSA Commercial Mortgage Company	06-107	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administration after the commencement of the case. A "request" for pay administrative expense may be filed pursuant to 11 U.S.C. § 503	yment of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		.Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address PAYNE SHIRLEY POBOX 208 GRASS VALLEY CA 95945	037865	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	If the control is a control is a second of the control is the control in the control is a second of th	
Creditor Telephone Number (32) 265-4593 Last four digits of account or other number by which creditor identifications.	ntifies debtor			E IS FOR COURT USE ONLY
072		Check here replace or if this claim american	 a previously 	filed claim dated
1 BASIS FOR CLAIM		enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal ınjury/wrongful death Services performed Taxes	wages, s	salaries, and compensation (digits of your SS #	fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	ompensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED 12/27/2005	3 IF C	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or box See reverse side for important explanations	xes that best descri	be your claim and state the amo	unt of the claim at t	he time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or hen securing your claim exceeds the value of the property securing it or if c) none or only page.	 n or b) your claim art of your claim is	Check this box if you a right of setoff)	our claim is secur	red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecu ed claim all or part of which i entitled to priority	5	Real Estate Value of Collateral	☑ Motor Vehicle	Other
Amount entitled to priority \$		Amount of arrearage ar		at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)/A) or (a)((1)(B)	secured claim, if any		or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 18 before filing of the bankruptcy petition or cessation of the debtor's	30 days	services for personal family o	r household use 1	1 U S C § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go Other Specify applicable para		• (,,,,,
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	لــا	* Amounts are subject to adjus	• .	• (/(/
5 TOTAL AMOUNT OF CLAIM \$	6 (7.5)	with respect to cases commen	ced on or after the	
5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED (unsecured)	\$ 50,000	Ý	/ nonet à	\$ 50,000 ==
Check this box if claim includes interest or other charges in addition	•	ecured) amount of the claim Attach itel	(pnonty) mized statement of	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has bee 7 SUPPORTING DOCUMENTS Attach copies of supporting running accounts, contracts court judgments, mortgages, see DOCUMENTS If the documents are not available explain.	<i>g documents</i> , sucurity agreements	ch as promissory notes, pure	chase orders invo	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgmen proof of claim				envelope and copy of this
The original of this completed proof of claim form must b ACCEPTED) so that it is actually received on or before 5 for each person or entity (including individuals, partners) governmental units)	00 pm, prevailing hips, corporation	g Pacific time, on Novembers, joint ventures, trusts an	er 13, 2006 id	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911	BMC Grou Attn USA 1330 East	DR OVERNIGHT DELIVERY TO IP CM Claims Docketing Center Franklin Avenue IO CA 90245	1	FILED NOV 1 3 2006
DATE SIGN and print the name and title if an this claim (attach copy of power of	y of the creditor or			USA CMC
11/10/06 Shirls Payor	e-		1	10/2501378

Case 06-10725-gwz Doc 8343-3 Entered 05/09/11 15:12:43 Page 10 of 12 FORM B10 (Official Form 10) (10/05) **Enited States Bankruptcy Court - District of Nevada** PROOF OF CLAIM Name of Debtor Case Number **USA Commercial Mortgage Company** BK-S-06-10725 LBR NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor (The person or other entity to whom the debtor owes ☐ Check box if you are aware that money or property) anyone else has filed a proof of **Portnoff Building** claim relating to your claim Attach copy of statement giving particulars Name and address where notices should be sent **Portnoff Building** ☐ Check box if you have never PO Box 97593 received any notices from the Las Vegas, NV 89193 bankruptcy court in this case ☐ Check box if the address differs from the address on the envelope sent to you by the court Telephone number This Space is for Court Use Only Last 4 digits of account or other number by which creditor identifies debtor Check here replaces if this claim a previously filed claim dated ☐ amends 1 Basis for Claim ☐ Goods sold ☐ Retiree benefits as defined in 11 USC § 1114(a) ☐ Services performed ☐ Wages, salaries, and compensation (fill out below) Money loaned Last four digits of SS # ☐ Personal injury/wrongful death Unpaid compensation for services performed □ Taxes ☐ Other (date) (date) 2 Date debt was incurred 3 If court judgment, date obtained August 11, 2005 4 Classification of Claim Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations | Secured Claim Secured Claim Unsecured Nonpriority Claim \$_ Check this box if your claim is secured by collateral (including a right of setoff) ☐ Check this box if a) there is no collateral or lien securing your claim Brief Description of Collateral Real Estate Motor Vehicle Other or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority Value of Collateral \$ WKNDWN **Unsecured Priority Claim** ☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount of arrearage and other charges at time Amount entitled to priority \$ case filed included in the secured claim, if any \$76,119 79 Specify the priority of the claim ☐ Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) ☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 USC § 507(a)(7) ☐ Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankrup'c, pet ton or cessation of the debtor's business whichever is earlier - 11 USC § 507(a)(4) ☐ Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) ☐ Other - Specify applicable paragraph of 11 USC § 507(a)(☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with

respect to cases commenced on or after the date of adjustment

(priority)

or additional charges

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest

76,119 79

(secured)

(Total)

Credits The amount of all payments on this claim has been credited and deducted for the purpose of making 6 this proof of claim

Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary

Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

76,119 79

918/2006

Date

5 Total Amount of Claim at Time Case Filed \$

Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

(unsecured)

Portnoff - Partner

Form B10 (Official Form 10)(10/05)					
UNITED STATES BANKRUPTCY COURT DISTRICT OF N	EVADA				
Name of Debtor USA COMMERCIAL MORTGAGE Case Number COMPANY			PROOF	OF CLAIM	
NOTE This form should not be used to make a claim for an admi	mistrative expense ari	sing after the commencement of the			
case. A "request" for payment of an administrative expense may Name of Creditor (The person or other entity to whom the			_		
debtor owes money or property)		or if you are aware that anyone led a proof of claim relating to	E-FILED		
RAINS PROPERTIES, LP	your claim	Attach copy of statement			
Name & address where notices should be sent	giving par Check box	ticulars tif you have never received any			
DONNA M OSBORN, ESQ		om the bankruptcy court in this			
Marquis & Aurbach	case	m the bankruptey court in this			
10001 Park Run Drive		if the address differs from the			
Las Vegas, NV 89145		the envelope sent to you by the			
Telephone number (702) 382-0711	court.			FOR COURT USE ONLY	
Account or other number by which creditor identifies		replaces			
debtor 2761/MARLTON SQUARE	if this claim	amends a previously filed claim of	lated		
1 BASIS FOR CLAIM					
Goods sold	☐ Retiree ber	nefits as defined in 11 U S C § 1114	(a)		
Services performed	∐ wages, san	aries and compensation (fill out below the four digits of your SS #	ow)		
Money loaned		paid compensation for services perfe	ormed		
Personal injury/wrongful death		per compensation for services perio	Anica		
Taxes	fro	m to (date)			
Other Date debt was incurred		(date) (date)			
6/20/05		3 If court judgment, date obtain	neď		
Classification of Claim Check the appropriate box or be See reverse side for important explanations	oxes that best describ	be your claim and state the amount o	f the claim at the time	case filed	
Unsecured Nonpriority Claim \$		Secured Claim			
☐ Check this box if a) there is no collateral or lien securing	vour claim, or b)	Check this box if your claim is	secured by collateral	(including	
your claim exceeds the value of the property securing it, or if	your claim exceeds the value of the property securing it, or if c) none or only				
part of your claim is entitled to priority					
Unsecured Priority Claim Brief description of collateral					
Check this box if you have an unsecured claim, all or pa entitled to priority			Other		
entitled to priority Value of collateral \$\frac{\text{Unknown}}{\text{Unknown}}\$					
Amount entitled to priority \$		Amount of arrearage and other chiclaim if any \$350,000 00	arges at time case filed	I included in secured	
Specify the priority of the claim		☐ Up to \$2,225* of deposits to	oward purchase, lease	or rental of property	
☐ Domestic support obligations under 11 U S C § 507(a	a)(1)(A) or	or services for personal, family	or nousenoid use- 11	USC § 507(a)(7)	
(a)(1)(B)		☐ Taxes or penalties owed to	governmental units	1 U.S.C. 8 507(a)(8)	
Wagan galaman an annuan (, 010 000) t					
☐ Wages, salaries, or commissions (up to \$10,000),* ear days before filing of the bankruptcy petition or cessation of	med within 180	Other-Specify applicable pa	ragraph of 11 USC	§ 507(a)()	
business, whichever is earlier - 11 U S C § 507(a)(4)	i me deptor's	*Amounts and subvest to advictional	4/7/09 2		
		*Amounts are subject to adjustment respect to cases commenced on or aj	on 4/1/0/ and every thr ter the date of admixtme	ee years thereafter with	
Contributions to an employee benefit plan - 11 U S C	§ 507(a)(5)	-	of the same	****	
5 Total Amount of Claim at Time Case Filed	\$	\$ <u>350,000 00</u>	\$	\$350,000 00	
Check this box if claim includes interest or other char	(unsecured)	(secured)	(priority)	4.4.5	
Check this box if claim includes interest or other charadditional charges	ges in addition to ti	he principle amount of the claim	Attach itemized state	ment of all interest or	
6 Credits The amount of all payments on this alone has been all the beautiful to the second of the s					
making this proof of claim					
7 Supporting documents Attach copies of supporting documents, such as promissory notes purchase					
orders, hivorces, itemized statements of running accounts, contracts, court undaments, mortgages, converts.					
agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary FILED NOV 0 7 2006					
o Date-Stamped copy To receive an acknowledgment of	f the filing of voir	claim, enclose a stamped self.	FILED INO	V U 1 4000	
addressed envelope and a copy of this proof of claim					
Date Sign and print the name and title if a	ny, of the creditor or	other person authorized to file			
this claim (attach copy of power of attorney if any) USA CMC					
11-7-06 NUM	11-7-06 Donna M. Osborn, Fed.				
Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years, or both 1					

DISTRICT OF NEVADA	ROOF OF CLAIM 12:40 1 ago 12 01 12				
Name of Debtor Case	Number				
Traine of Be Mor	06-10725-LBR				
NOTE See Reverse for L st of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A 'request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of				
Name of Creditor and Address	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the				
Creditor Telephone Number ()	court THIS SPACE IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies debtor	Check here replaces or a previously filed claim dated amends				
	ee benefits as defined in 11 U S C § 1114(a) Unremitted principal				
Services performed Taxus Last	es, salanes, and compensation (fill out below) four digits of your SS # Other claims against servicer (not for loan balances)				
XKMoney loaned	aid compensation for services performed from to				
2 DATE DEBT WAS INCURRED 8/11/05 31	(date) (date) F COURT JUDGMENT, DATE OBTAINED				
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best de					
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM				
Check this box if a) there is no collateral or lien securing your claim or b) your claim or b) your claim.	aim XCheck this box if your claim is secured by collateral (including				
exceeds the value of the property securing it or if c) none or only part of your claim is a right of setoff) entitled to priority Brief description of collateral					
UNSECURED PRIORITY CLAIM	⊠Real Estate				
Check this box if you have an unsecured claim all or part of which is	Value of Collateral \$ 30,000,000.00				
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in secured claim, if any \$				
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or				
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family or household use -11 U S C § 507(a)(7)				
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Other - Specify applicable paragraph of 11 U S C § 507(a) ()				
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter				
E YOTAL ANGUNT OF CLAIM.	with respect to cases commenced on or after the date of adjustment				
AT TIME CASE FILED	\$81.90 \$ \$55,381.90 (priority) (Total)				
Check this box if claim includes interest or other charges in addition to the princ	cipal amount of the claim Attach itemized statement of all interest or additional charges				
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary					
8 DATE-STAMPED COPY To receive an acknowledgment of the filing proof of claim	of your claim enclose a stamped self-addressed envelope and copy of this				
BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911 BMC Attn 1330 El Segundo CA 90245-0911	vailing Pacific time, on November 13, 2006 rations, joint ventures, trusts and AND OR OVERNIGHT DELIVERY TO Group USACM Claims Docketing Center East Franklin Avenue soundo, CA 90245				
DATE SIGN and print the name and fittle if any of the and this claim (attach copy of power of attorney.)	ntor on either person authorized to file FILED JAN 1 3 2007				
1-12-07 Donald T. Polednak, Art					
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571					